thus separating the pyloric half from the influences of the vagus nerve and from its functional relationship with the cardiac half, that the tone of the pyloric sphincter and the rythm of the change between its closure and opening during the emptying of the stomach is completely normal. The increase in pressure due to contraction of the pyloric antrum, the rhythm, and the character of the antrum contraction remain unchanged. The functional coördination of the sphincter and antrum of the pylorus is preserved. The chemoreflex of the pyloric portion of the stomach, beginning in the duodenal mucus membrane, continues. Since the physiology of the dog's stomach is very much the same as that of the human stomach, we are justified in transferring the knowledge obtained in dogs to the human, where the clinical observations up to the present time do not contradict the results obtained in dogs. It is a striking fact that, as already mentioned, apparently normal stomach function is reëstablished very soon after the operation of tranverse resection of the stomach. This transverse resection with immediate union of the wound surfaces has not only the advantage of restoring the normal anatomical relations as much as possible, but it brings about a complete restoration of the physiological relations, since the regulative and motor functions of the distal portion of the stomach are not disturbed. To what degree pathological conditions of the sphincter and antrum of the pylorus, such as motor sluggishness or increased tone (pyloric spasm), existing before the operation, will be influenced by transverse division of the stomach cannot be determined by the results of the writers' experiments.

The Control of Bleeding in Operations for Brain Tumors.—CUSHING (*Annals of Surgery*, 1911, liv, 1) says that one of the chief objects of concern in intracranial surgery should be the avoidance of any unnecessary loss of blood, for at best, in many cases of brain tumor associated with venous stasis, bleeding is likely to be so excessive as to necessitate postponement of the final steps of the procedure until a second or even a third session. The common methods of stilling blood by sponge, clamp, and ligature are largely inapplicable to intracranial surgery, particularly in the presence of bleeding from the nervous tissues themselves, and any device which serves as an aid to hemostasis in these difficult operations will bring a larger number of them to a safe termination at a single sitting, with less loss of blood and less damage to the brain itself. In addition to the more familiar tourniquet for the scalp, and wax for diploetic and emissary bleeding, suggestions are offered as to the use of gauze pledgets, dry sterile cotton, fragments of raw muscle and other tissues, as well as sections of organized blood clots for superficial meningeal bleeding, and silver "clips" for inaccessible individual points either in dura or brain. The successful consummation of any critical operation often depends upon seeming trifles. It is, however, the scrupulous observance of surgical minutiæ that makes possible the safe conduct of major intracranial performances.

THERAPEUTICS

UNDER THE CHARGE OF

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Influenzal Meningitis and its Serum Treatment.—FLEXNER (*Jour. Amer. Med. Assoc.*, 1911, lvii, 16) says that influenzal meningitis can no longer be considered a rare disease. Within a few months, in the United States alone, reports dealing with this subject have been published by Wollstein, Dunn, and Davis. All but 6 of the 58 cases thus far reported have terminated fatally. Wollstein has been able to induce in monkeys a severe form of cerebrospinal meningitis by the injection into the spinal canal of virulent cultures of influenza bacilli. An immune serum was then prepared from goats by repeated injections of virulent influenza bacilli extending over a long period of time. It has been found possible to rescue monkeys regularly from the fatal effects of the subdural inoculation of cultures of the influenza bacillus, through daily injection, by means of lumbar puncture, of the immune serum for three or four days. Flexner advises this treatment for influenzal meningitis in human beings in the same manner in which the serum for epidemic meningitis is employed.

The Present Status of Diabetes Mellitus.—MINKOWSKI (*Med. Klin.*, 1911, vii, 1031) believes that the oatmeal cure is only suited to individual cases of diabetes and that the benefit derived from its use is often not permanent. However, he has seen remarkable results by this method and he does not hesitate to recommend it, especially for the severe type of the disease. He is of the opinion that the beneficial results obtained by the oatmeal treatment are due in part to the restriction of the protein intake. The restriction of the proteins in the diet reduces the metabolism as a whole and also eliminates them as a source of sugar production. He quotes Naunyn, who appreciated the importance of reducing the total metabolic processes in diabetes in order to secure a minimum excretion of glucose. For this reason, Minkowski thinks that it is wise to reduce the amount of muscular exercise in severe cases of diabetes. He also believes that the former strict withdrawal of carbohydrates in the treatment of diabetes is now being replaced by the opposite extreme, and deprecates this tendency.

The Treatment of Diabetes with Oatmeal.—MAGNUS-LEVY (*Berlin. klin. Woch.*, 1911, xlviii, 1213) believes that the beneficial effects obtained by the oatmeal diet in diabetes are to be explained mostly by the absence of meat from the diet. He says that the oatmeal cure should always be preceded for a few days by a diet containing a minimum amount of bread—less than 50 grams. The oatmeal diet should continue for a period of three or four days and then be followed by one or two green vegetable days. This process is repeated if necessary, but